

TRANSMITTAL FORM

Attorney Docket No.
SVL920010015US1/2070PIn re the application of: **Abdul H. Al-Azzawe**Confirmation No: **5918**Serial No: **09/886,747**Group Art Unit: **3625**Filed: **June 21, 2001**Examiner: **Shah, Amee A.**For: **Video Rental E-Commerce Solution****ENCLOSURES (check all that apply)**

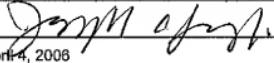
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group		
	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal		
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief		
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter		
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard		
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):		
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer				
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers				
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address				
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .					
	<input type="checkbox"/> Executed Declaration by Inventor(s)						

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	52	52	0	\$ 50.00	\$ 0.00
Independent Claims	5	5	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

- Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
- Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
- Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTAttorney Name **Joseph A. Sawyer, Jr., Reg. No. 30,801**Signature Date **April 4, 2008**